

**OPTIONAL DEMOGRAPHIC
INFORMATION**

Race/Ethnic Group (check one):

- ☐Caucasian
☐Hispanic
☐Asian
☐American Indian or Alaskan Native
☐African American
☐Other _____

KENTUCKY BOARD OF PHARMACY
SPINDLETOP ADMINISTRATION BLDG., STE 302
2624 RESEARCH PARK DRIVE
LEXINGTON, KY 40511

PHONE 859-246-2820

FAX 859-246-2823

Registration No. _____

Date Issued _____

(FOR OFFICE USE ONLY)

PHARMACY TECHNICIAN REGISTRATION APPLICATION

Please print legibly. Enclose check or money order made payable to 'Kentucky State Treasurer' for the amount of \$25.00. Return the completed application to the Kentucky Board of Pharmacy. KRS 315.136 requires a pharmacy technician to possess a current pocket registration card at all times when assisting in the practice of pharmacy.

INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED.

Name _____ Gender (check one): ☐Male ☐Female
Street _____ E-mail Address _____
City _____ Home Phone _____
State _____ Zip _____ County _____ Birthdate _____
Social Security Number _____ Driver's License Number _____

Primary Place[s] of Employment: (Use a separate piece of paper if necessary)

1. Pharmacy Name _____ Pharmacy Permit No. _____
Address _____ Phone No. _____
City _____ State _____ Zip _____
2. Pharmacy Name _____ Pharmacy Permit No. _____
Address _____ Phone No. _____
City _____ State _____ Zip _____

YOUR APPLICATION FOR REGISTRATION WILL BE RETURNED UNLESS ALL QUESTIONS ARE ANSWERED, ANY REQUIRED EXPLANATION IS PROVIDED AND THE APPLICATION IS DATED AND SIGNED.

- A. Have you ever been convicted of a felony? _____YES, attach an explanation/documents _____NO
- B. Have you ever been convicted of violation (s) of any drug/alcohol laws? _____YES, attach an explanation/documents _____NO
- C. Have you been refused licensure/certification/registration or re-licensure/certification/registration by any Board of Pharmacy? _____YES, attach an explanation/documents _____NO
- D. Have you had a pharmacy technician license/certification/registration surrendered to or fined, suspended, probated, or revoked by any Board of Pharmacy? _____YES, attach an explanation/documents _____NO
- E. Are you currently licensed, certified or registered as a pharmacy technician in any other state?
_____YES, please list _____NO
- F. Are you certified as a pharmacy technician with a national organization? _____YES, please list _____NO

I understand that in the event I am charged with any of the above, the Kentucky Board of Pharmacy must be notified within thirty (30) days and may initiate a review and take appropriate action to protect the citizens of the Commonwealth during this registration. I certify that I am not in default nor have I received notice of being in default of any insured Student Loan under the Federal Family Educational Loan Program [FFELP] that is administered by or through the Kentucky Higher Education Assistance Authority or equivalent state or federal agency. A person who makes a false, fraudulent or forged statement or misrepresentation of a material fact in securing registration and/or renewal of registration is subject to disciplinary action pursuant to KRS 315.121(1)(e).

DATE

SIGNATURE